

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7			5			
8						
9						
10						
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19						
20	1					
21						
22						
23						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	37					
TOTAL CLAIMS	40					

4
5
20
20
40

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

